

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 12/09/2010
FORM APPROVED
OMB NO. 0938-0391

454 1/22/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445294	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/06/2010
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF COLLEGE DALE			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 658, 9210 APISON PIKE COLLEGE DALE, TN 37315		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure electrical wiring is installed in accordance with NFPA 70.</p> <p>The findings include:</p> <p>Observation on December 6, 2010 between 9:00 a.m. and 1:00 p.m. revealed electrical powerstrips installed in patient rooms 310 and 312 supplying electricity to oxygen concentrators.</p>	K 147	<ol style="list-style-type: none"> 1) Electrical power strips were removed from rooms 310 and 312 on 12-6-10. Oxygen concentrators were inserted into red emergency receptacles on 12-6-10. 2) Residents with oxygen orders have the potential to be affected. 3) Director of Nursing will inservice Nursing staff to insure oxygen Concentrators are supplied electrically By red emergency receptacles. Plant Director and/or designee Will audit residents' rooms weekly x 4 weeks then monthly x 2 months for compliance. 4) Plant Director will report findings to PI Committee (Medical Director, DON, ADON, Pharmacist, HR Director, FSS, ES Director, ACT Director, Administrator, Marketing Director, SSD), monthly to review and analyze and make recommendations as needed for three (3) consecutive months and/or until compliance is achieved. 	12-26-10 12-26-10 12-26-10	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Cora K. Young, Executive Director by Jacq Walker RN DON 12/23/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.